

MDR Tracking Number: M5-04-2909-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-06-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the motor nerve conduction tests, reflex study, office visit, prolonged evaluation and management service, needle electromyography, temperature gradient studies, neuromuscular junction testing, conductive paste or gel, needles, electrodes, betadine, alcohol, tape, muscle testing, and range of motion measurements rendered on 6/17/03 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for date of service 6/17/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

July 27, 2004

REVISED REPORT

MDR #: M5-04-2909-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, office notes, EMG and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

Clinical History:

Patient is a 32-year-old female who, on ____, injured her lower back. She continued working, even though the pain continued to increase, and by the next morning it was so bad she had to call an ambulance to be transported to the ER. Subsequent MRI revealed disc bulges at L3-4 and L4-5 with a protrusion at L5-S1. She eventually presented to a doctor of chiropractic who treated her conservatively, and ordered electrodiagnostics.

Disputed Services:

Motor nerve conduction test, reflex study, office visit, prolonged evaluation & management service, needle electromyography, temperature gradient studies, neuromuscular junction testing, conductive paste or gel, needles, electrodes, betadine, alcohol and tape, muscle testing, and range of motion measurements on 06/17/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the testing and services in dispute as stated above were not medically necessary in this case.

Rationale:

According to the treating doctor's office notes, on 05/09/03, the patient rated her pain at 8/10 (with 10 representing the worst level of pain); on the subsequent note, dated 05/23/03, the pain was reduced to 5/10. Further, the doctor wrote that two weeks of passive therapy had been completed, and the patient felt that it had "helped her immensely." At that point, the doctor's plan was to "move her into an aquatic program and try one hour sessions initially. If the patient responds accordingly, I would like to move her to more progressive programs consist of two hours of aquatic therapy."

Given these stated improvements and positive responses to the prescribed treatment plan, and the opinion of the treating doctor that the patient had responded sufficiently to be advanced to the active phase of care, the medical necessity of such aggressive diagnostics cannot be supported.

Sincerely,